EXPANDING THE ROLE OF THE PRE-SURGICAL NURSE: IMPROVING PERI-ANESTHESIA EFFICIENCY

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**Background:** Surgical outpatient procedures are performed in both the Surgical Day Hospital (SDH) and the MAIN OR. Traditionally, the MAIN OR cases completed PACU I recovery and were transferred to SDH for PACU II recovery and discharge teaching. Due to relocation of the SDH, transferring the patients was not feasible. The added volume and work load of outpatients caused an unanticipated 111 OR “holds” for one month; median hold time was 35.67 minutes, with a peak hold of 160 minutes. It was clear early on in the new process that a strategy was urgently required to address the large amount of holds.

**Objective:** Utilizing lessons learned from the Peri-Operative Lean Projects, modeling a “Kaizen Burst”, a quick performance improvement project was developed cross-training the PSC RN to Post Anesthesia Level II nursing care.

**Implementation:** 5 RN’s from PSC volunteered to be cross-trained. With the assistance of the PACU CNS, nurse educator and the American Society of Peri-Anesthesia Guidelines, an educational competency program was developed and standards were established for PACU Level II care in the pre-surgical area.

**Successful practice:** The ability to transfer outpatients to the PSC area for PACU II recovery and discharge teaching allowed for availability of PACU beds, therefore decreasing the amount of OR holds 21% in one month and 77% within two months.

**Implications for advancing practice:** Expanding the role of the PSC RN provides safe monitoring and discharge teaching of PACU II patients and improves peri-op efficiency.